



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 25 2015

Ms. Donna Strittmatter, President
Smith Health Care LTD
453 South Main Road
Mountain Top, Pennsylvania 18707

RE: Smith Health Care LTD
License #: 229230

Dear Ms. Strittmatter:

As a result of the Department of Human Services' licensing inspection on July 28, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period October 1, 2015 to October 1, 2016 was issued on July 22, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SMITH HEALTH CARE LTD		License Number: 22923
Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707		County: Luzerne
Administrator: Tammy Preston		Region: NORTHEAST
Legal Entity Name: SMITH HEALTH CARE LTD		
Legal Entity Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707		
Certificate(s) of Occupancy C-2 LP 11/01/2000 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 71	Working Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/28/2015: Harvey, Jason; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 93 Number of Residents Served: 71 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 64 Have Mental Illness: 13 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 22923 - 07/29/2015 - Harvey, Jason
 PCH Name: SMITH HEALTH CARE LTD

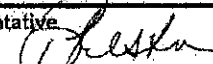
- 1. REGULATION 55 Pa. Code §2600**
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Staff did not sign or initial the Medication Administration Record of resident #1 on 7/25/15 to indicate that 0.5mg of Klonopin had been administered at 2pm and 8pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


1. Reg. 187 a is important to ensure proper medication administration to all residents in a safe + accurate manner.
2. Reg. was violated as 2 employees did not sign out a medication on 7/25/15 at 2pm + 8pm - double MAR. The meds were signed in + the MAR was correct to admin. fields strongly med was given correctly but documentation was omitted.
3. Both employees felt this was just human error + distracted
4. Both employees were corrected by admin. re. proper med. admn + documen. (see sheet)
5. A mandatory case study will be held for all PC employees regarding medication administration in September. This will also be reviewed by pharmacists during annual review.
6. An random check of MARs will be done by administrator/designee monthly to ensure completeness of documen. + submitted to QA of work slip (see form)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **TAMMY PRESTON** Date **8/13/15**

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-17-15</u> (Date)	Plan of correction implementation status as of <u>8-17-15</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - inadequate Progress <input type="checkbox"/> Not Implemented